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FACSIMILE COVER SHEET

Deliver to: Syed Zia, USPTO

Art Group: 2131

Facsimile No.: 571-573-8300

Date: June 15, 2006

From: William W. Schaal, Reg. No. 39,018

Our Docket No.: 42390P8084

Number of pages 5 including this sheet.

Application No.: 09/540,614

Filing Date: 3/31/2000

Enclosed are the following documents:

Docket Due Date(s): _____

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

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Susan McFarlane 6/15/2006
Susan McFarlane Date

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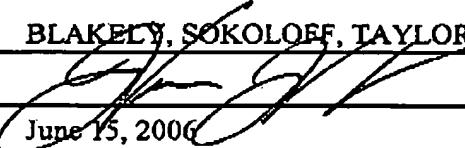
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/540,614
		Filing Date	March 31, 2000
		First Named Inventor	David W. Grawrock
		Art Unit	2131
		Examiner Name	Syed Zia
Total Number of Pages in This Submission	4	Attorney Docket Number	42390P8084

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 10px;">Comments on Statement of Reasons for Allowance</div>	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 15, 2006

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Typed or printed name	Susan McFarlane
Signature	
Date	June 15, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 11/30/2005).
SEND TO: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	09/540,614
Filing Date	March 31, 2000
First Named Inventor	David W. Grawrock
Examiner Name	Syed Zia
Art Unit	2131
Attorney Docket No.	42390P8084

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	23 - 23* = 0	50.00	\$0.00
Multiple Dependent	4* = 0	200.00	\$0.00

Large Entity

Small Entity

Fee Code (A)	Fee	Fee Code (B)	Fee	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	780	2204	396	**Release independent claims over original patent
1205	300	2205	150	**Release claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

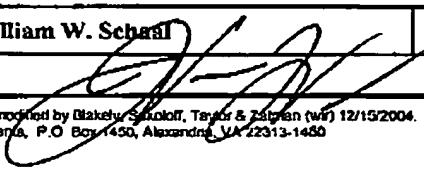
Large Entity

Small Entity

Fee Code (A)	Fee	Fee Code (B)	Fee	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	80	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	600	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451		2451		Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1607	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William W. Scherl	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	06/15/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ver 12/15/2004).
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. :	09/540,614	Confirmation No. 2176
Applicant :	David W. Grawrock	
Filed :	03/31/2000	
TC/A.U. :	2131	
Examiner :	Syed Zia	
Docket No. :	042390.P8084	
Customer No. :	8791	

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COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Sir:

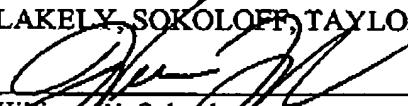
Applicant is assuming that the Examiner's statement of reasons for allowance is to be taken in light of the structure and interaction recited in the claims. Applicant notes that the Examiner's various comments should not be used to read non-existent limitations into the claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: June 15, 2006

By


 William W. Schaal
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 Tel.: (714) 557-3800 (Pacific Coast)

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 Los Angeles, California 90025

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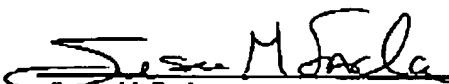
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Date: 6/15/2006


 Susan McFarlane

6/15/2006

Date